

ARIZONA STATE BOARD OF HEALTH

PLACE OF BIRTH

1. County of Gila
 District of _____
 Town of Miami
 or _____
 City of _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 150
 County Registrar No. _____
 Local Registrar No. 113

No. 88 Kinney Drive St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 2. Full name of child Abel Grijalva (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male To be answered ONLY in event of plural births. } 4. Twin, triplet or other _____ 6. Legitimate? yes
 5. No., in order of birth _____ 7. Date of birth Mar. 15 - 1927
 Month Day Year

8. FATHER
 Full name Omolone Grijalva
 9. Residence (Usual place of abode) Miami
 If non-resident, give place and state. Arizona
 10. Color or race Mex
 11. Age at last birthday 28 (Years)

14. MOTHER
 Full maiden name Beceute Chavez
 15. Residence (Usual place of abode) Miami
 If non-resident, give place and state. Arizona
 16. Color or race Mex
 17. Age at last birthday 26 (Years)

12. Birthplace (city or place) San Lorenzo
 (State or country) New Mex.
 13. Occupation
 Nature of Industry Miner

18. Birthplace (city or place) Fierro
 (State or country) New Mex.
 19. Occupation
 Nature of Industry Housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) } (a) Born alive and now living 4
 (b) Born alive but now dead 2
 (c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at 1:30 P. m. on the date above stated
 (Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
 Signature Lynell M. Brown M.D. (Physician or midwife.)
 Address 1 Miami, Arizona

Given name added from a supplemental report. Filed Mar 28, 27 1927 G. E. Dorin Local Registrar.

Registrar

Filed _____, 19____

County Registrar.

171-315-239

PERMA. JUN. 1927. IN CASE OF MORE THAN ONE CHILD AT A BIRTH, A SEPARATE RETURN MUST BE MADE FOR EACH, AND THE NUMBER OF ORDER OF BIRTH STATED.